

State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison WI
53707-7921 dnr.wi.gov

Notice of Intent (NOI)
Operation and Maintenance of Industrial
Potable and Non-Potable Water Systems and
Hydrostatic Testing of Petroleum Systems
WPDES Permit No. WI-A057681-05-0

(R 02/21)

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Notice: Pursuant to chs. NR 200 and 205, Wis. Adm. Code, this notice of intent (NOI) is required to request coverage under the Wisconsin Pollutant Discharge Elimination System (WPDES) Permit No. WI-A057681-05-0 for discharges from the operation and maintenance of industrial potable and non-potable water systems or hydrostatic testing of petroleum systems to waters of the state of Wisconsin. Failure to complete this form in its entirety may result in a returned NOI or a denied NOI. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

SECTION I: WPDES PERMITTEE RESPONSIBLE FOR POLLUTANT DISCHARGE

WPDES Permittee Name (Name of Company, Business, Individual, or Other)			
Permittee Authorized Representative (First and Last Name)	Title	Company	
Mailing Address (i.e. PO BOX, Street, or Route)	City	State	ZIP Code
Email Address	Phone No. (include area code)	Alternative Phone No.	

SECTION II: APPLICANT INFORMATION **Check if same as authorized representative and skip this section**

Applicant Name (First and Last Name)	Title	Company	
Mailing Address (i.e. PO Box, Street, or Route)	City	State	ZIP Code
Email Address	Phone No. (include area code)	Alternative Phone No.	

SECTION III: DISCHARGE MONITORING CONTACT **Check if same as authorized representative and skip this section**

Discharge Monitoring Contact (First and Last Name)	Title	Company	
Mailing Address (i.e. PO Box, Street, or Route)	City	State	ZIP Code
Email Address	Phone No. (include area code)	Alternative Phone No.	

SECTION IV: CONTRACTOR INFORMATION **Check if not applicable and skip this section**

Role: Consultant Contractor Other — Specify:			
Contact Name (First and Last Name)	Title	Company	
Mailing Address (i.e. PO Box, Street, or Route)	City	State	ZIP Code
Email Address	Phone No. (include area code)	Alternative Phone No.	

SECTION V: FACILITY LOCATION INFORMATION

Facility/Project Site Name	County (of facility/project location)		
Physical Address (Street, Road, Route, or other)	City of	Town	Village

Public Land Survey System (PLSS)	Latitude:	Longitude:
QQ of _____ Q of _____ Section _____ Township _____ N Range _____ E W		

Note: PLSS can be identified on the Surface Water Data Viewer here: <https://dnr.wisconsin.gov/topic/SurfaceWater/swdv>.

SECTION VI: FACILITY ACTIVITY

1. Other WPDES Permits: Has the facility/project been issued or applied for coverage under any other WPDES permits?

No. **Proceed to question 2.**

Yes. Please give the permit number(s) and briefly describe the permit activity **then proceed to question 2.**

WPDES Permit #	Description of Permit Activity

2. Nature of Business - Please provide a brief description of the facility operations and activities that generate wastewater applicable to this general permit at the facility/project site **then proceed to question 3.** If you will be hydrostatic testing an existing petroleum system, please indicate if the existing petroleum system will be physically cleaned prior to hydrostatic testing.

3. Sanitary Wastes - Please specify where sanitary wastes (wastewaters from portable restrooms, restrooms, washrooms, lunch/break room sinks, showers, etc.) are discharged at the facility/project site **then proceed to question 4.**

In a septic tank system and/or subsurface absorption system

In a privately owned treatment system owned by you or operated by:

In a publicly owned treatment system operated by:

Other - Specify:

4. Water Supply - Please specify the sources of water at the facility/project site that makes up all or part of the wastewater discharged at each outfall **then proceed to question 5**

Outfall # (e.g. 001, 002, etc.)	Water Source Type (e.g. Municipal Water Supply, Surface Water Intake, Private Well, or other Specify)

5. Treatment System Description - Please specify the wastewater treatment systems or best management practices (BMPs) used to treat the wastewater discharge for at each outfall **then proceed to question 6:**

Outfall # (e.g. 001, 002, etc.)	Wastewater Treatment System/BMPs

6. Effluent Flow Monitoring and Sampling Devices - Please specify type and location of the effluent flow monitoring and sampling devices used at each outfall **then proceed to question 7:**

Outfall # (e.g. 001, 002, etc.)	Flow Monitoring System Type	Flow Monitoring Location	Effluent Sampling System Type	Effluent Sampling Location

7. Removed Substances – Will wastewater treatment processes and/or best management practices at the facility/project result in the removal and generation of solids, sludge, or other substances?

No. **Proceed to question 8.**

Yes. ***If yes, where do you dispose of the solids, sludges, or other substances then proceed to question 8?***

Land Application

Landfill

Hauled to another permitted facility

Facility Name:

WPDES Permit No. WI-

Other - Specify:

8. Water Treatment Additives - Please specify the maximum dosage rate and purpose of all water treatment additives (i.e. biocides such as microbicides, fungicides, molluscicides, chlorine, etc.) or water quality conditioners (i.e. scale and corrosion inhibitors, pH adjustment chemicals, oxygen scavengers, conditioning agents, water softening compounds, settling agents, polymers, etc.) that will be intentionally added to the discharge at the facility/project site below **then proceed to Section VII:**

No water treatment additives will be used at the facility/project site.

Outfall # (e.g. 001, 002, etc.)	Additive Name	Purpose	Maximum Dosage (lbs/day)	Surface Water Discharge* (Yes/No)

***For each additive added above:** Will any of the water treatment additives or water quality conditioners stated above enter surface water without receiving treatment or that are used in treatment processes but are not expected to be removed by treatment?

If yes is selected in the surface water discharge column for an additive: Please complete and attach the following documents:

- Additive Review Worksheet*
- Safety Data Sheet (SDS).

* Additive Review Worksheet (<https://dnr.wisconsin.gov/topic/Wastewater/Additives.html>) must be completed and submitted to the department for each additive that may be discharged to surface waters to receive coverage under this general permit. The additive review is not necessary for additives with active ingredients consisting of chlorine, chlorine containing products, acids, or bases if the permit contains chlorine and/or pH effluent limits. Also, chemicals already present in the source water do not require additive review.

SECTION VII: Discharge Characterization

1. Type of Wastewater Discharged – Please specify the outfall number, average daily flow in gallons per day (gpd), discharge location, discharge duration, and surface water name (if necessary) of each type of wastewater discharged at the facility/project site:

Outfall # (e.g. 001, 002, etc.)	Type of Wastewater	Average Daily (gpd)	Discharge Duration	Discharge Location*	Surface Water Discharge Only Check If not applicable	
					Surface Water Name	WBIC

***If “groundwater” is selected in the discharge location column for an outfall:** please provide certification with this application that the discharge will be completely infiltrate into the ground via a seepage system with no accumulation of standing water or runoff to surface water via any pipe, ditch, channel, tunnel, conduit, swale, or storm sewer.

***If “wetland” is selected in the discharge location column for an outfall:** please provide documentation with this application that no practicable alternative disposal options exist which would avoid discharge to the wetlands and all practicable measures to minimize adverse impacts of the affected wetlands will be taken pursuant to ch. NR 103, Wis. Adm. Code. Practicable alternatives means available and capable of being implemented after taking into consideration cost, available technology and logistics in light of overall project purposes.

***Surface Water Name:** If the discharge is to a surface water, the applicant shall provide the name of the surface water. Surface waters can be identified on the Surface Water Data Viewer here: <https://dnr.wisconsin.gov/topic/SurfaceWater/swdv>.

***WBIC:** If the discharge is to surface water, the applicant shall provide the Water Body Identification Code (WBIC) for that specific surface water, the WBIC can be found here: <https://dnr.wi.gov/water/waterSearch.aspx>.

SECTION VIII: ELIGIBILITY CHECKLIST

1. Will all the wastewater be discharged from and/or to properties within tribal lands (i.e. land owned by or held in trust for the tribes and land within recognized reservation boundaries)?

Yes. Your discharge is not eligible for this General Permit. *If all discharges from your facility go to or come from properties in tribal lands, you do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system. The Tribe or United States Environmental Protection Agency (EPA) regulates discharges within tribal lands.*

No. Proceed to question 2.

Note: Tribal lands can be identified on the Surface Water Data Viewer here: <https://dnr.wisconsin.gov/topic/SurfaceWater/swdv>.

2. Will all the wastewater be discharged to a sanitary sewer that conveys the wastewater to a publicly or privately-owned treatment works? A septic system is not considered a sanitary sewer. Please contact the owner of the treatment works for approval prior to discharging to the sanitary sewer.

Yes. Your discharge is exempt from the need of a WPDES Permit. *If all discharges from your facility go to a sanitary sewer, you do not need a WPDES discharge permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system. If at some point in the future operations at your facility result in a direct discharge to a water of the state, you will need to inform the Department.*

No. Proceed to question 3.

3. Will the discharge to surface water or groundwater contain any of the following wastewaters not covered by another permit: domestic wastewater, contaminated stormwater, contaminated groundwater, whey, whey permeate, whey filtrate, contact cooling water, noncontact cooling water, cooling tower blowdown, leachates, boiler blowdown, condensates, process wastewaters from the production of any material or product, or other wastewater that may be more appropriately covered by another general permit?

Yes. Your discharge is not eligible for this General Permit. *Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for another general permit or individual WPDES discharge permit.*

No. Proceed to question 4.

4. If the proposed discharge will be directly to a surface water, is the surface water classified as an exceptional resource water (ERW) or outstanding resource water (ORW) as defined in ch. NR 102, Wis. Adm. Code?

Yes. Your discharge is not eligible for this General Permit. *Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.*

No. Proceed to question 5.

N/A. The discharge will be to groundwater via seepage. Proceed to question 5.

Note: ERWs or ORWs can be identified on the Surface Water Data Viewer here: <https://dnr.wisconsin.gov/topic/SurfaceWater/swdv>.

5. Impaired and TMDL Waters

A. Will the discharge be to a 303(d) listed impaired water or a watershed with a State and EPA approved Total Daily Maximum Load (TMDL)?

Yes. Proceed to question 5B.

No. Proceed to question 6.

N/A. The discharge will be to groundwater via seepage. Proceed to question 6.

B. Will the discharge contain a detectable pollutant of concern (e.g. total suspended solids and total phosphorus) for which the receiving water is impaired or listed in the approved TMDL?

Yes. Proceed to question 6.

No. Proceed to question 6.

Note: Wisconsin's 303(d) listed impaired waters or waters with approved TMDLs can be found at <https://dnr.wi.gov/water/impairedSearch.aspx>. Applicants may not establish a new discharge of a pollutant of concern to an impaired water body until the department has determined that the new discharge does not contribute to the receiving water impairment, or the discharge is consistent with the general permit waste load allocation in the State and Federal approved TMDL. Any new pollutant of

concern discharge to an impaired surface water with a State and Federal approved TMDL shall be consistent with the general permit waste load allocation if authorized under this general permit. A variety of options are available to the applicant to reduce the discharge of the pollutant of concern, with the goal of eliminating the pollutant discharge, such as further treatment, on-site recycling or an alternate discharge location.

6. Please prepare a flow diagram that shows the water flow through the facility/project and attached it to this application. Please indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units/best management practices. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment, and outfalls.

The flow diagram is attached to this NOI. **Proceed to Section 7.**

The flow diagram is not attached to this NOI. **This NOI will be considered incomplete and returned to you.**

7. Please prepare a site map that shows the facility location and the location of each outfall in relation to the receiving water and attached it to this NOI.

The site map is attached to this NOI. **Proceed to Section IX.**

The site map is not attached to this NOI. **This NOI will be considered incomplete and returned to you.**

SECTION IX: COMMENTS

SECTION X: CERTIFICATION

This form must be signed by a responsible executive or municipal officer, manager, partner or proprietor as specified in s. 283.37(3), Wis. Stats., or a duly authorized representative of the officer, manager, partner or proprietor that has been delegated signature authority pursuant to s. NR 205.07(1)(g)2., Wis. Adm. Code. To delegate signatory authority to a duly authorized representative, please complete and attach a Delegation of Signature Authority (DSA) form (Form 3400-220) to this NOI.

I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Print Name	Title
Authorized Representative Signature	Date Signed
Applicant Print Name (If different from Authorized Representative)	Title
Applicant Signature	Date Signed

Please print and sign this certification page. Scan and email the completed form, certification page and any other supporting information to the department regional general permit contact at least thirty (30) business days before the expected start date of discharge. A listing of the general permit contacts for each region can be found on the Wastewater General Permits Webpage (<https://dnr.wisconsin.gov/topic/Wastewater/GeneralPermits.html>).